Approved for use through 7/31/2006. OMB 0651-0032
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Unde	er the Paperwork PATE	NT APPLICA	NOITA	FEE DETER	MINATION	RECORD		Applicate	or or Docket Num	Der 70
			Substitute	e for Form PTO	-875			4	<u> </u>	5
CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL ENTITY		OR	SMALL FOLL	
	FOR	NUMBE	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE
3ASIC 37 CF	FEE R 1.16(a))						s	OR		s
	L CLAIMS R 1.16(c))	T Q'	milus 20 =		1. 2.2			OR	x \$=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		\$	hinus 3		<u> </u>			OR	x s=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ s=		OR	+ s=		
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
	CL	AIMS AS AME	ENDED -	- PART II						
1		(Column 1)	Column 1)		(Column 2) (Column 3)		SMALL ENTITY		OTHER SMALL	
۲ ۲		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	AMENDMENT	Minus	PAID FOR	3 /	x \$=		OR	x s =	
앎	Independent (37 CFR 1 16(b))	. T	Minus	3	=	x s=		OR	x \$=	
좕	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,6(d))					+ 5 =		OR	+ s=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'I FEE	
		(_						
NT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ä	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		OR	x s=	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=	x s=		OR	x s =	
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5 =		OR	+ s=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Caluma 4)		(Column 2)	(Column 3)					
ZT C		(Column 1) CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1 15(c))	AMENDMENT	Minus	**	=	x \$=		OR	x s=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x \$=		OR	x \$=	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5 =	•	OR	+ s =	
FINAL PRESENTATION OF MOUTH LE DEL ENDERT SESSION (5-5-5-4-4-4)						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	** If the "Highest	column 1 is less th Number Previous Number Previous	ly Paid For	" IN THIS SPACE ' IN THIS SPACE	is less than 20 is less than 3, 6	, enter 20 .	in the appropr	iate hov in	colume 1	

The "Highest Number Previously Paid For" (Total or Independent) is the nignest number round in the appropriate box in Country.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.